

Paper Amendment Instruction Booklet Social Equity Program

SOCIAL EQUITY PAPER AMENDMENT INSTRUCTIONS

The social equity amendment can be found online in a fillable PDF format at the following link:

Social Equity Amendment Form

If you have any questions regarding eligibility or amendment instructions, the social equity program can be contacted via telephone, email, or mail at:

Cannabis Regulatory Agency Social Equity Program P.O. Box 30205 Lansing, MI 48909 (517) 284-8599

CRA-SocialEquity@Michigan.gov

Social Equity Amendment Overview

The amendment form exists to allow those already eligible or renewing for the social equity program to petition for an additional fee reduction for any of the available criteria. The amendment review is much like the application review in that the supporting documentation is evaluated to determine the additional fee reductions for an eligible participant.

Please note any further fee reductions as a result of an amendment must be confirmed prior to the assessment of any adult-use fees. For example, when seeking to amend fee reductions prior to renewing your adult-use license, the fee reductions must be confirmed before they can be applied to the renewal fee. If your fee reductions are not confirmed beforehand, you will only receive the fee reductions laid out on your initial fee reduction statement.

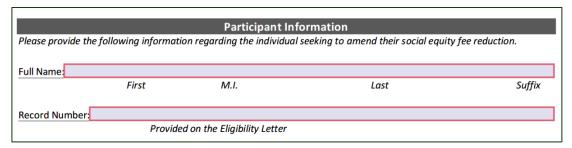
If the participant has not already applied for an adult-use establishment license, after eligibility is approved, the participant will complete the following steps, as applicable:

- Sit with a social equity representative for application assistance on the adult-use application
 - Application assistance is offered as a free resource to check for the completeness of an application prior to submission. *This is optional.*
- Submit the Step 1 adult-use application
 - A social equity representative will first review the application to ensure that the majority owner of the entity is an eligible social equity participant.
- Pay the adult-use application fee once they receive an invoice with payment instructions
 - Payment must be received before the adult-use licensing section will review the application.

Required Fields

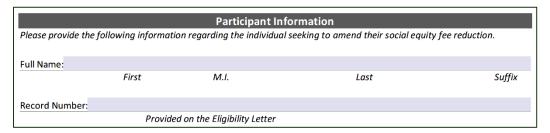
The social equity amendment is a fillable PDF that can be printed or completed on a computer or electronic device.

- All fields on the amendment are required to be completed unless the information does not apply to you.
- A field without a red border indicates that the field may not be applicable to every applicant.
 - Note: these red borders do not appear on the amendment when printed.



PARTICIPANT INFORMATION

In the Participant Information section, provide the following information for the participant.



- Full Name as it appears on legal documents.
- Record Number as it appears on your eligibility letter. E.g., AU-SEA-000001.

Next, the individual will select the program criteria that they believe they meet that was not included in their previous eligibility letter.

For example, if you were eligible for a marijuana-related misdemeanor conviction and now believe you may also be eligible for the residency fee reduction, do not select marijuana-related misdemeanor again, but only select the checkbox for "have you resided in one or more disproportionately impacted communities for at least 5 cumulative years?"

Amendment Information	
Please select the additional fee reduction criteria for which you may now be eligible.	
Have you had a marijuana-related felony conviction? With the exception of distribution of a controlled substance to a minor	
Have you had a marijuana-related misdemeanor conviction?	
Were you a registered primary caregiver for at least 2 years of the last 5 years?	
Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years?	
If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative	years:
Name of Disproportionately Impacted Community and County (e.g. Lansing, MI of Ingham County)	Year (e.g. 2015 – 2017)

Have you had a marijuana-related felony conviction?

Check the box only if you were convicted of a marijuana-related felony. A conviction of distribution of a controlled substance to a minor will not be considered for eligibility.

- Have you had a marijuana-related misdemeanor conviction?
 Check the box only if you were convicted of a marijuana-related misdemeanor.
- Were you a registered primary caregiver for at least 2 years of the last 5 years?
 Check the box only if you were registered with the Michigan Medical Marijuana Program (MMMP) as a primary caregiver for at least two years of the last five years. Being registered as a patient is not a qualifying factor.
- Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years?

Check the box only if you can prove residency in at least one of the disproportionately impacted communities that can be found at the following link: <u>Disproportionately Impacted Community List</u>

• If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative years.

This is where you will list each disproportionately impacted community that you have resided in for at least 5 cumulative years.

SUPPORTING DOCUMENTATION

Social equity applicants are required to submit supporting documentation with their amendment.

Supporting Documentation				
Please attach the following, as applicable.				
Residency Documents: Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:				
Mortgage Statem	nents	Tax Returns	Insurance Statements	
Lease/Rental Agreements		W-2 Forms	College Tuition Statements	
Property Tax Documents Paystubs Utility Statements			Utility Statements	
Marijuana-Related Felony Conviction:	Copy of judgment of sentence or other documents. Order on application to set aside conviction, if expunged.			
Marijuana-Related Misdemeanor Conviction:	Copy of judgment of sentence or other documents. Order on application to set aside conviction, if expunged.			
Registered Primary Caregiver:	Caregiver Authorization for Release of MMMP Information with a valid driver's license or State-issued personal identification card with photo. Please find the form on our website here/be-new-14 .			

- Each criterion has its own set of required documents to prove eligibility, so you will need to check each section that is applicable to your situation and submit documentation for each of the criteria for which you are applying.
 - If you are applying for residency fee reduction you will need to provide proof of residency for at least 5 years. You may need to submit multiple documents to fulfill this requirement.
 - For example: if you submit residency documents for only three years, you will receive a notice of deficiency requesting an additional two years of documents.
- Caregiver Authorization of Release of MMMP Information: a copy of this form can be found here.
- Failure to submit the required documentation may result in your amendment being found ineligible.

Submitting Your Social Equity Amendment

Prior to submitting your amendment, verify that you have completed all the required fields on the amendment and have obtained all of the required supporting documentation.

- Failure to submit a complete amendment and supporting documents will result in a Notice of Deficiency.
- Failure to correct any deficiencies within <u>7 calendar days</u> after receiving a Notice of Deficiency Letter will result in your amendment going into an inactive status.
- You may still submit documentation if your amendment is in an inactive status, but prolonged failure to communicate with the social equity team will result in an unaltered fee reduction and the denial of your amendment.

You may upload the amendment and all supporting documentation to your social equity record at:

Online Social Equity Application

OR

Mail the amendment with all supporting documentation to:

Social Equity Program
Cannabis Regulatory Agency
P.O. Box 30205
Lansing, MI 48909

If any questions arise while completing the amendment, please contact us by telephone or email at:

(517) 284-8599

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